

Message

From: Mathis, Holly A. [hmathis@marshall.edu]
Sent: 3/28/2017 11:05:17 AM
To: Yingling, Kevin W [yingling@marshall.edu]; Werthammer, Joseph W [werthammer@marshall.edu]
CC: Shapiro, Joseph I. [ShapiroJ@marshall.edu]; Becker, James [becker1@marshall.edu]; Dial, Larry [dial5@marshall.edu]; Ali Oliashirazi (aoliashirazi@yahoo.com) (aoliashirazi@yahoo.com) [aoliashirazi@yahoo.com]; Oliashirazi, Ali [oliashirazi@marshall.edu]; Salava, Jonathon [salava@marshall.edu]; Denning, David A [denning@marshall.edu]; Petrany, Stephen M [petrany@marshall.edu]; Harrison, Curtis W [charriso@marshall.edu]; Mock, Allen R [Allen.R.Mock@wv.gov]; Jim Johnson [johnsonj@cityofhuntington.com]; m.werthammer@hotmail.com; swerthammer@hotmail.com
Subject: RE: Risk of long-term opioid use

Thanks for sharing.

I've been on both sides of this aisle, first as a nurse & as a patient. I have had major surgeries, tumor removal off the carotid artery, tumor removal from the spinal cord, & an insulinoma removed from my pancreas, not to mention the normal run of the mill surgeries, gallbladder, hysterectomy, & a schwannoma on the arm, I think that you get my drift. Long term pain control is not necessary.

I think what patients don't realize, and that doctors cave into for fear of repercussions, is that discomfort may occur & does not always require a narcotic.

We (Marshall Surgery) have had our hands slapped because we did not willingly refill narcotic prescriptions & this has occurred more than one.

That said, asking the patients their pain scale on EVERY visit sets up to fail. It should not be the 5th VS.

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From: Yingling, Kevin W
Sent: Tuesday, March 28, 2017 10:45 AM
To: Werthammer, Joseph W <werthammer@marshall.edu>
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Subject: Re: Risk of long-term opioid use

Joe, good morning-

As you, I read this with interest and new awareness as result. I too have shared this widely. I shared this article directly with Senator Manchin and his policy staff at meeting 10 days ago in an effort to use evidence as basis for legislative actions. As well, with Senator Stollings to inform him regarding decisions in our state on CSMP, oversight responsibilities, etc.

This research will likely further inform legislative initiatives at state and federal levels to regulate initial narcotic prescription limits on days of use and number of doses.

Sent from e-device

On Mar 28, 2017, at 10:23 AM, Werthammer, Joseph W <werthammer@marshall.edu> wrote:

Enclosed is an interesting article from this week's MMWR. It correlates length of initial opioid use in opioid naïve cancer-free adults with use after one and three years. Amazingly chronic use increased with each day of use starting with the 3rd day. If a ten day supply is prescribed initially, the 1 year probability of use is >20% (figure 1). Surprisingly, an initial prescription of tramadol carries a 13.7% probability of continued opioid use at one year. I have wondered for a long time how much opioid can one take before there becomes a significant risk of long term dependency. If this study is to be believed, it doesn't take very much.

Joe

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